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AUTHOR Sakinofsky, Isaac
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ABSTRACT

A Sample of 228 suicide attempters admitted in the emergency rooms of four general hospitals in an industrial city was studied as part of an ongoing follow-up investigation of the interaction of life situations and stresses and coping skills. Approximately 60% of the sample came from chaotic homes torn apart by family conflict. An assortative mating factor which may operate differently between the sexes is suggested, and the probability that female suicide attempters are self-selected and use this form of behavior as a legitimized way of bringing their marital disharmony to a head is indicated. The proportion of the total sample who were unemployed was striking. There was a clear association between coming from a disordered family background and subsequently living on welfare in adult life, whereas those who came from a stable background were more often found to be supporting themselves. Some evidence exists, suggesting that a childhood background characterized by family strife and dissension is damaging to the development of personality (as exemplified in suicide attempters) and severly impairs the ability to form harmonious sexual partnerships as well as impairing the development of constructive attitudes and skills towards work and self-support. (Author)

LIFE SITUATIONS AND LIFESTYLES OF PERSONS WHO ATTEMPT SUICIDE.

Isaac Sakinofsky, M.D., D.P.M.(Lond.), F.R.C.Psych., F.R.C.P.(C).

Professor of Psychiatry, McMaster University, Hamilton, Ontario.

PAPER READ AT A MEETING OF THE AMERICAN ASSOCIATION OF SUICIDOLOGY

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Isaac Sakinofsky, M.D., D.P.M.(Lond.), F.R.C.Psych., F.R.C.P.(C).
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Last year, at the meeting in Boston, I presented the findings of a factor analysis of demographic and personality characteristics of a cohort of 106 consecutive suicide attempters who presented to our special unit in Hamilton, Ontario. This unit is an eight-bed ward which admits for a brief stay suicide attempters only, for intensive psychiatric assessment and care. Since the 1977 meeting we have followed this up with data collection on a control series of 106 patients admitted to a family practice ward. It is very clear that by comparison with the family practice patients our suicide attempters (or parasuicides if you like) are far more depressed, and that in addition to several other differences

TABLE 1.

	ATTEMPTED SUICIDE		FAMILY PRACTICE	
	MEAN	S.D.	MEAN	S.D.
Age	27.90	12.45	52.10	17.25***
Depression:				
Beck	22.26	11.31	9.08	5.85***
Rosenberg	3.61	2.08	1.42	1.54***
Life Event Stress	58.02	68.14	18.80	13.38***
Current Problems	9.30	15.30	3.88	2.74***
Locus of Control	10.91	7.13	8.99	3.90*
Hostility (Total)	26.48	9.42	12.64	7.48***
External	15.74	6.32	8.68	7.59***
Internal	10.93	4.19	4.91	4.381***

t test: *$p < .05$ ***$p < .001$

(on which I do not intend to focus today) they are more burdened by current problems, and as well they have had significantly more stressful life events in the six months prior to their hospitalization (Table 1). Not surprisingly, their social adjustments are poorer, they trust other people less, and their conception of their own self-worth is poorer (Table 2). One of the more interesting findings is that their scores on Dean's Alienation Scale are somewhat higher, i.e. they feel at a distance from their fellow human beings because they feel powerless, set apart, and they are unsure about the recognized norms of social behaviour.

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TABLE 2.

	ATTEMPTED SUICIDE		FAMILY PRACTICE	
	MEAN	S.D.	MEAN	.S.D.
S.A.S. (Overall)	4.03	1.15	3.16	0.89***
Work	3.48	1.27	3.14	1.08
Family	3.50	1.51	2.02	0.75***
Marital	3.67	1.46	2,20	0.73***
Parent	2.71	0.87	2.09	0.68***
Social	3.57	1.41	3.07	1.14**
Faith in people	2.66	1.39	1.65	1.35***
Self-esteem	3.45	1.73	1.38	1.37***
Sensitivity	1.75	1.14	1.16	1.09***
Dreaming	1.93	1.53	0.92	1.38***
Alienation:				
Powerlessness	28.70	6.66	24.99	6.08***
Normlessness	19.37	4.72	16.65	6.02***
Isolation	27.63	7.02	23.86	5.20***

t tests : $*p < .05$ $**p < .01$ $***p < .001$

We have gone on from these studies to collect a further cohort in order to look at the lives of suicide attempters (evidently disadvantaged people) even more closely, and to follow them at intervals for a period of one year. We are following them, not merely by examining hospital records to see if they are readmitted, but we visit them every three months and record the new stresses in their lives and how they cope with them, changes in their personal circumstances, as well as evaluating treatment they may or may not have received at the time of their index visit to the hospital emergency and subsequently.

Hamilton is an industrial (steel) and university city of somewhat less than half-a-million people, with its dormitory suburbs, at the bend of the "Golden Horseshoe" on Lake Ontario, about half-way between Toronto and Niagara Falls. The steel factories dominate the eastern environs of the city determining the lives of thousands of people. The university is located in the western sector and it too has coloured the lifestyles of people in that area.

The four hospitals are situated in the west, north, south and the centre of the city. Two of them are presently affiliated with the McMaster University Department of Psychiatry (the Medical Centre and St. Joseph's Hospital) and two are not (the Hamilton General and Henderson hospitals). McMaster Medical Centre serves a middle-class area and is located adjacent to the University Campus. The General/

General is established in an area populated by several ethnic groups and by employees of the formidable steel mills. The Henderson occupies a site on the so-called east mountain area (actually the shelf of the Niagara escarpment) overlooking the city and it too serves a middle-class area, largely steel plant-related. Finally, St. Joseph's Hospital (where our suicidology unit is situated) is below the mountain close to downtown Hamilton, and it is the seat of the twenty-four hour emergency psychiatric service operated city-wide by the University Department of Psychiatry.

We arranged with these four hospitals for the research workers to be paged immediately someone was brought into their emergency rooms having deliberately poisoned or injured themselves. For lack of time I will not go into the detailed methodology, but anyway over the course of nearly four months at the end of 1977, we were able to interview a cohort of 228 persons whom we are now following.*

FIGURE 1.

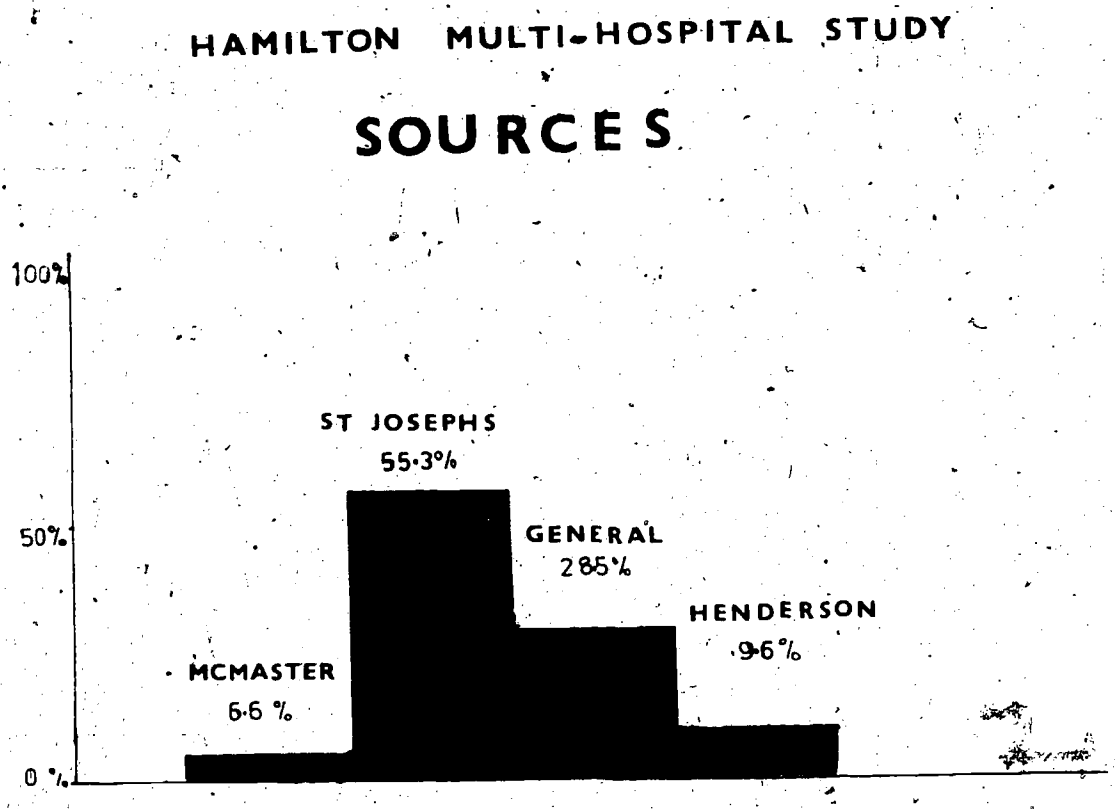

Figure 1 shows that the incidence of attempted suicide in the different areas as measured by presentation at the different community hospitals is not uniform. More than half the cases were seen at St. Joseph's Hospital, serving the core city, and slightly more than a quarter came from the General which also serves a manual working class area (in fact 86% of the sample is drawn from these two hospitals, with only minor components from the two hospitals situated in professional and middle-class areas).

* Assisted by Grant No. NH 606-1353-44-D2, Research Programs Directorate, National Health & Welfare, Canada. Research Assistants are Ms. Yvonne Brown, M.A., and Ms. Carmen Cooper, B.A.(Hons.)

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Residences plotted on a map of the city (not shown) indicate that the majority of the patients, at the time of presenting, lived in social zones 1 & 2 of the Social Planning and Research Council of Hamilton*. These areas are characterised (according to the 1971 Census) by cheaper housing and lower incomes, high unemployment, high percentage of single-parent families, immigrants, and senior citizens. The St. Joseph's Hospital and Hamilton General shared this population as well as drawing from patients from further afield to the east and south. Very few patients were drawn from the west end (these were referred almost exclusively to the Medical Centre) and this is an area in social zone 3 (characterised by expensive housing and higher family incomes, with correspondingly low rates of unemployment, single parents, immigrants and senior citizens.

Table 3 shows that women outnumbered men 1.6:1 and that the mean age was about 29 in both sexes. The sexes were identical in their suicidal intent (on the Beck Intent Scale) and they had each achieved just over nine years of formal education. The age-sex-related incidence is shown in Figure 2 (each point representing a five year age period).

TABLE 3.

Hamilton Multi-Hospital Study

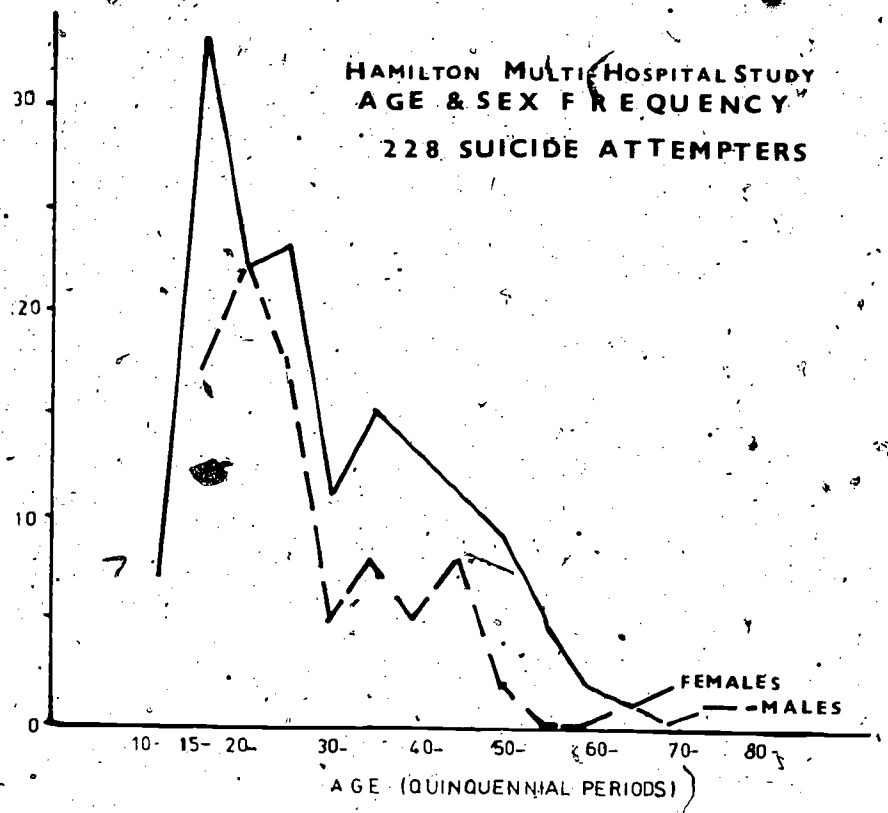
SUICIDE ATTEMPTERS

	MALES	FEMALES
N (228)	87	147
Mean Age	29·8 (S.D. 13·1)	29·1 (S.D. 12·5)
Education	9·4 yrs.	9·3 yrs.
Beck Intent	13·2 (S.D. 5·1)	12·6 (S.D. 5·0)

* See M. Pennock, C. Allan, & P. Steckenreiter
A Socio-Economic Atlas of the City of Hamilton,
Social Planning & Research Council of Hamilton, 1977.

Over a quarter of the females are adolescent girls aged between 13 and 18 years. About one in five of the men are boys between 15 - 18 years. Senior citizens (here defined as people over 60) are very infrequent, only 2% of the women and 3% of the men. The majority of the patients are under the age of 40.

FIGURE 2.



FAMILY BACKGROUND

In examining the current life situations of our patients we were particularly interested in their family backgrounds. Our earlier study had demonstrated that their current problems were more formidable and the recent stresses in their lives were of greater magnitude than the controls'. In our day-to-day clinical experience we had been impressed by individual case histories of chaotic family backgrounds, of abuse and neglect as children, patients terrified as children and adolescents of their alcoholic parents who were fighting with each other. We wondered if there could be any causal connection between these chaotic backgrounds and their subsequent life situations. We felt that we could predict that a poor family background in childhood would more likely be associated with a poor "marital" adjustment in adulthood of their own. Hence some of the problems in their current lives and those recent stressful life events which they suffered (related to poor social relations) might be laid at the very door of their childhood environment. So in the histories we took we looked carefully for trouble in their early lives.

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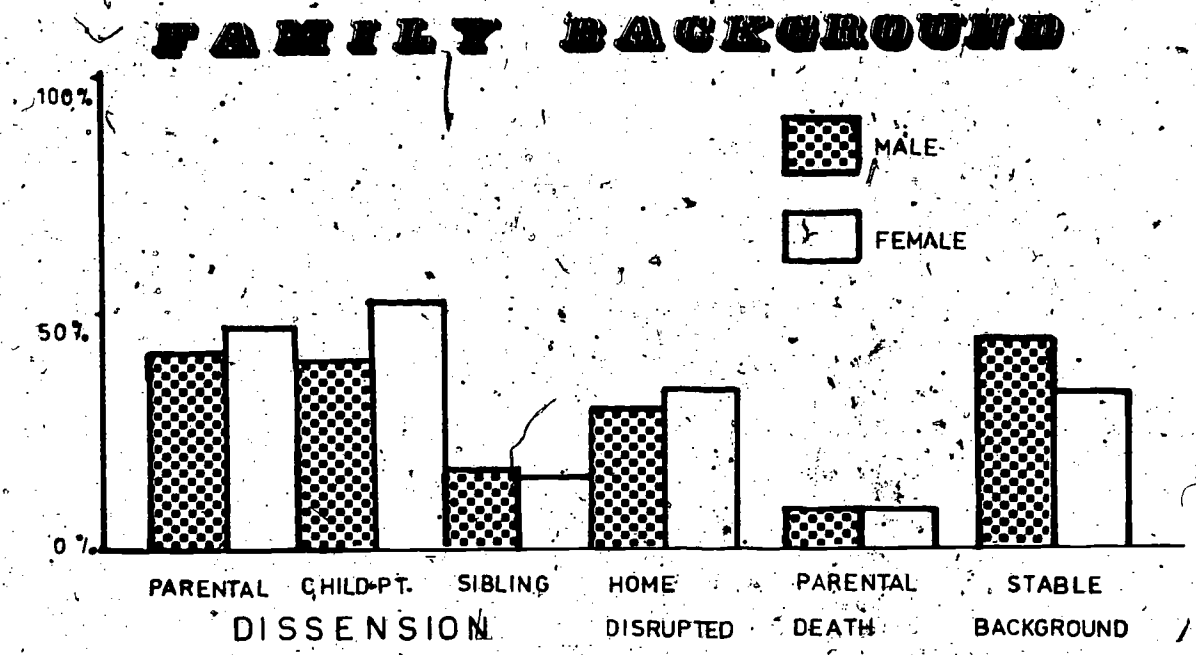
FIGURE 3.



We found, as we had expected, that a large proportion of the patients have indeed experienced horrendous family backgrounds (Figure 3). About 41% of the men and 47% of the women had experienced severe parental dissension during their childhoods. Thirty-nine % of the men and 53% of the women (just under half of the men and over half of the women) had active conflict with their parents, and about 15% with their brothers and sisters. In just under one-third of all the cases (27% of males and 32% of females) the family dissension disrupted the homes at varying ages before their seventeenth birthdays, often launching them into careers of passage from foster-parent to institution back to foster-parent, as the discarded children of marriages which had gone sour.

In a separate category we put the small group (7%) whose homes had been broken by the death of a parent (in two cases by parent suicide).

The astonishing finding was that family backgrounds which could be categorised as "normal" or"stable" were in the minority, only 43% of the males and 40% of the females. Thus in about 60% of the cases the patients had come from homes which, instead of nurturing them and preparing a secure foundation for adulthood, had apparently defaulted in this responsibility and instead had done their best to damage their prospects of adult happiness and adjustment.

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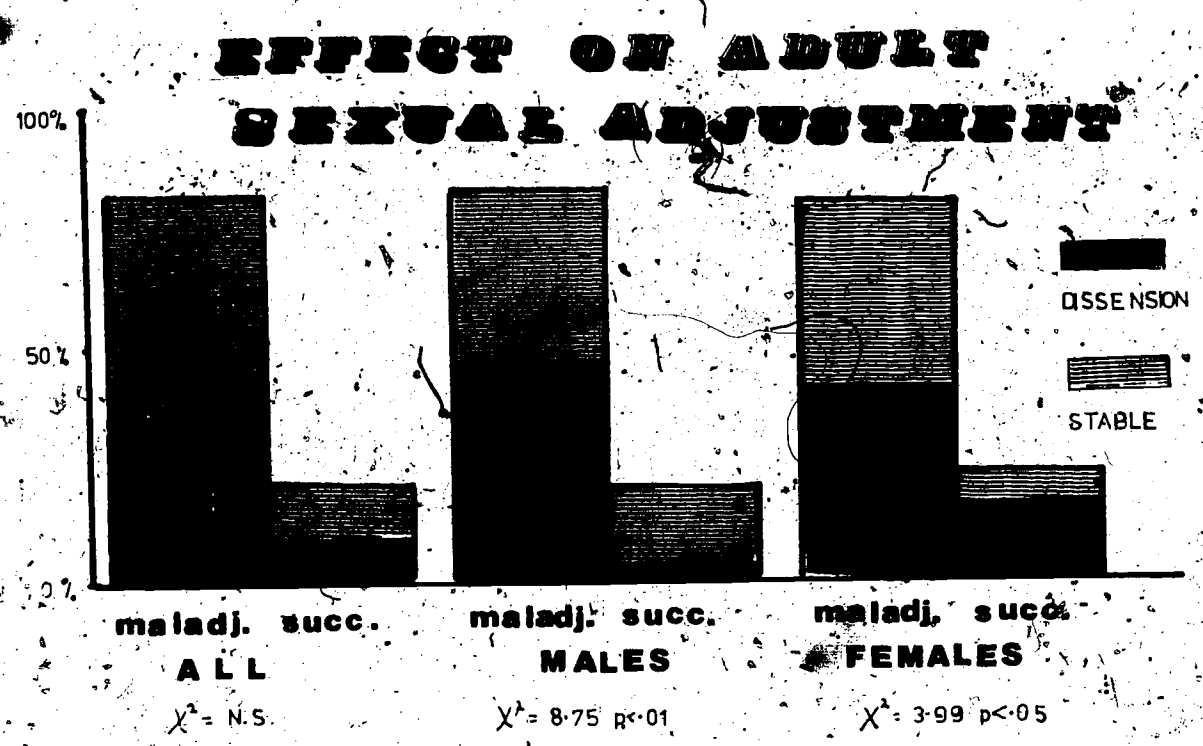
We thus had categorised our sample into two groups of patients: A stable group representing 40%; and a group whose early home lives were marked by dissension and discord, representing 60% of the sample. We felt sure that we would find adult sexual adjustments in the "dissension" group to be in disarray, but that those who had experienced more harmonious environments would at least be more successful in their sexual friendships or marriages, even if little else in their lives was going right.

FIGURE 4.



The histogram (Fig. 4) shows the percentages respectively coming from stable and dissension homes in relation to the proportions who were either experiencing dissension in their adult sexual lives, or had achieved harmonious relationships (whether hetero or homo-sexual). For this analysis we excluded those under 19, i.e. those who had not yet had a chance to indicate which way their lives were going to go in this respect.

The striking finding for the whole sample is that 80% of all the patients are experiencing serious conflict in their current family lives, and that only 20% report successful adjustments. This is not really a surprise to a clinician in the field of suicide attempts (or parasuicide). What is a surprise is to find that only just over one half of the maladjusted relationships come from the group with/

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with chaotic backgrounds (54%) and slightly less than half from the stable group. There is in fact no significant difference between them, and we can also clearly see that the proportion of chaotic and stable backgrounds in the group who were successfully adjusted is exactly half and half.

For someone brought up as a firm believer in family dynamics this finding comes as a shock. It is incredible to think that a bad early adjustment does not seem to count one way or the other for or against the chances of a successful sexual adjustment in adulthood. Yet at the same time it might be looked at as a reassuring finding, in the hope that it offers to those who have been psychologically traumatised as children through no fault of their own. However, when one separates the patients into the two sexes the findings emerge with greater clarity and are really quite different. For the men, almost all those from a chaotic background (95% of those from a background of family dissension) had disturbed sexual relationships in adulthood, possibly even to the degree that their parents had. Significantly more of those men from a stable background were able to escape this, and this result is highly significant.

So far the findings are then consistent with the hypothesis but among the women we found a paradoxical result: 72% of the women from chaotic backgrounds had disturbed adjustments (rather less than the men) although still a large proportion, but even more, or significantly more, (88%) of those who had come from a stable childhood had unsuccessful adjustments, marked by a series of discordant common-law relationships or marriages, with conflict, separation and divorce.

We now see that the opposite tendencies in the men and the women cancelled each other out when the two groups were amalgamated. At first glance, looking at the sample as a whole it looked as if background does not really matter. Then when we looked at the males only, we found that it does, and that if you are from a chaotic background you have almost no chance of escaping a chaotic adjustment yourself when you grow up, and that your chances are substantially better if you come from a relatively tranquil home. On the other hand, in women, about 30% of those with a chaotic background seem to escape the fate of maladjusted relationships as compared with only 5% of the men.

Why then should 88% of the women with stable backgrounds have to suffer this fate? It is indeed a difficult puzzle to disentangle. I can only speculate that the intervening variables between childhood and adult adjustments are very complex. Possibly, in the case of the males the havoc in their sex lives is very largely of their own making, whereas in women their role in society is even now at this period of societal change in the roles and status of women one in which they are at the mercy of relationships they may contract with men. Even women from stable backgrounds who choose partners who are disruptive, alcoholic, or otherwise unsuitable will be penalised severely. We believe also that parasuicidal behaviour in women especially, is a legitimised way for some women, embroiled in such unfortunate relationships, to bring them to a critical head and so obtain relief sometimes.

WORK ADJUSTMENT

If early background seems to have this complex effect on adult life situation in the sexual sphere, does it have any effects on another important area in life, viz. the work role?

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TABLE 4

	Professional or Management	Commercial or skilled	Semi- or Unskilled	Housewives	Students
Males	2.3%	22.4%	67.8%	-	10.3%
Females	2.8%	10.6%	25.7%	41.8%	22.0%

Our data showed us that most of our men were manual workers; semi-skilled or unskilled totalled two-thirds. Only 2% were professionals or in middle-management and 10% were high school students. Among the women there were twice as many students as among the males and the biggest proportion were housewives (over 40%), and only one-quarter were semi-skilled or unskilled workers. (Table 4)

TABLE 5

EMPLOYMENT STATUS*

	Employed	Unemployed
Men	39	38 = 77(88.5%)
Women	32	15 = 47(33/3%)

$\chi^2 = 3.62$, p = ns

*(Excludes housewives, students, senior citizens)

The first approach to elucidating the effect of early home background on work adjustment was to look at those employed and those unemployed, and to do that we needed to exclude those not in the work force, i.e. housewives, students, and senior citizens.

Table 5 shows us that almost 90% of the men but only one-third of the women were registered in the work force, which again is a finding to be expected considering the respective roles still occupied by the two sexes in society. But half the men were unemployed, (and many had been so for months and years past), as well as one-third of the women. In a society where unemployment is reckoned to be very high when it stands at 8%, for one-half of the male and one-third of the female work force to be out of work (people presumably able-bodied) is a very significant finding indeed, and again is an indication of the quality of the lifestyles and life situations of our subjects. We looked next at the habitual means of support of the whole sample (including our housewives, students, and senior citizens).

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TABLE 6.

MEANS OF SUPPORT

(Percentages by Sex)

	MALES	FEMALES
Welfare	24.1 %	29.1 %
Pension	8.0 %	7.1 %
Spouse	2.3 %	27.0 %
Parent	8.0 %	18.4 %
Self	56.3 %	19.1 %

Approximately one-quarter were on welfare, slightly higher for women (many of whom were on Mothers' Allowance). Similar (smaller) proportions were living on pensions, and in almost all cases these were disability grants. Again about a quarter of the women were supported by their spouses, and even a small minority of the men. About 1 in 5 women supported themselves, and rather more than half of the men.

We compared the subgroups on welfare with those self-supported, in terms of their backgrounds, combining both sexes because of the relatively small numbers. A very highly significant finding emerges. About three-quarters (74.1%) of those on welfare come from the ranks of the chaotic backgrounders, and only one-quarter are from stable backgrounds. On the other hand the majority of those coming from stable family backgrounds (72.9%) are earning their own livings Thus only 27.1% of those with stable backgrounds are on welfare as compared with 58.2% of those who came from unstable homes. Looked at from the opposite angle almost three-quarters of those from a stable background are self-supporting but only about 40% of those from an unhappy home.

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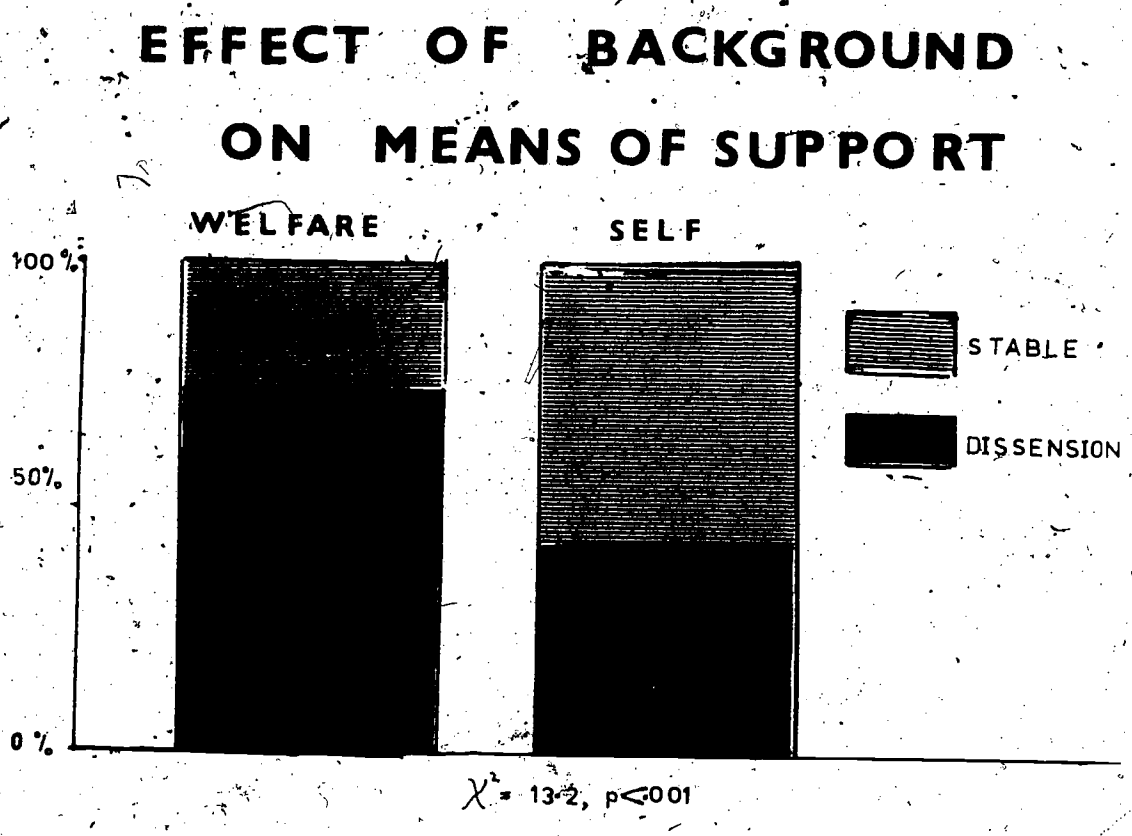
FIGURE 5.



I consider this to be an important finding, because it could point to intervening factors which are meaningful in the "mind-set" which determines the work role - poor attitudes to work, lack of motivation, deficit in the so-called "work ethic", could all well be derived within the early home environment. Possibly, if he is raised in a home where parental dissension and conflict run high, the person acquires a not-so-subtle message that a home isn't all that worth working hard for, and you could "slog your guts out" for nothing. Love's Labour Lost might be seen as "no labour since love is lost". This becomes even more meaningful when we remember that almost all the men from chaotic backgrounds had adult home lives which were also torn apart by the same dissension that they had experienced as children.

Truly, when one weighs up the burden in economic and human terms of the subsequent effect of a chaotic childhood on performance in the work role, as measured by unemployment figures and subsistence on state welfare, it is not something that society can continue to be complacent about.

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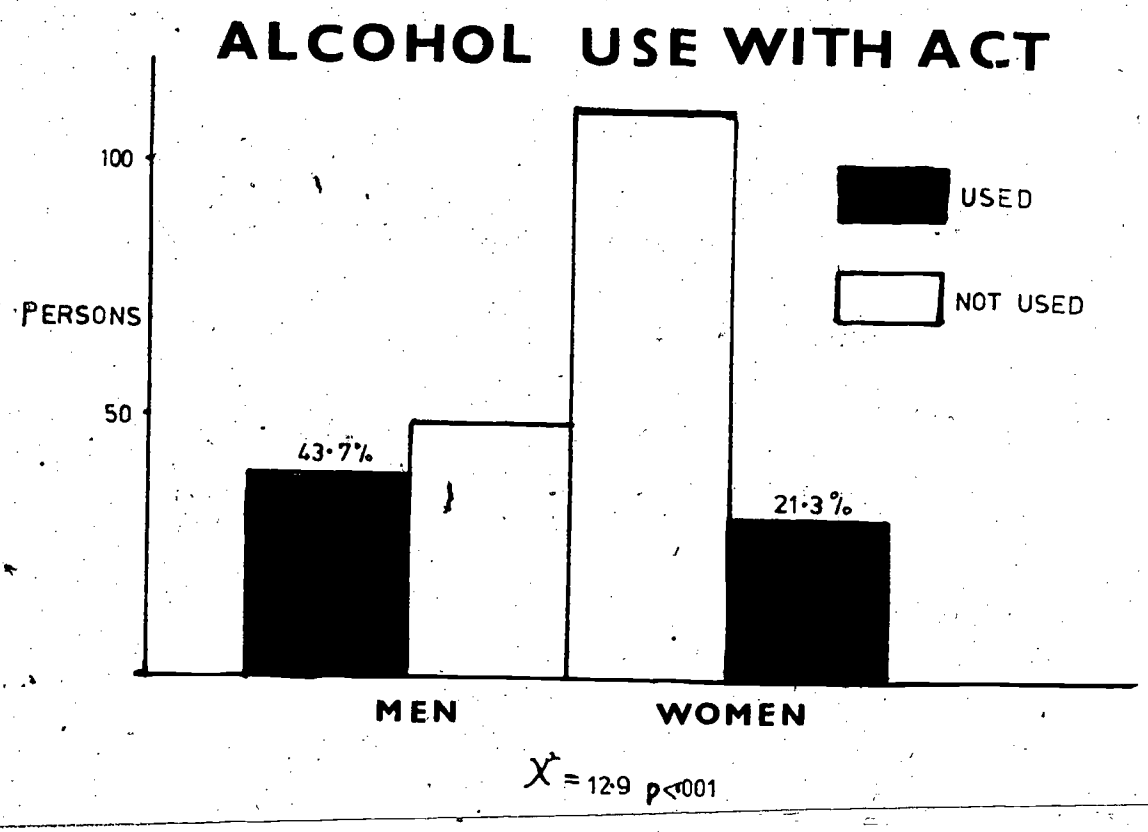
FIGURE 6.



Just under half the men and one in five of the women who poisoned or injured themselves had been drinking in quantity immediately prior to or during the act. In some centres, such as Glasgow for example, it is even higher (where Patel has found it in 70% of men and 40% of women parasuicides). As a clinician, there is little doubt in my mind that alcohol at the time of the act has played a role in many cases in acting as a "downer" and also in removing the last vestiges of good sense and self-control.

But we were even more interested in the effect of alcoholic parents on the childhood of our patients. Looking at the case histories in most cases the presence of an alcoholic parent was associated with dissension between the parents and with conflict between the parent and child. And yet there were isolated cases where, curiously, an alcoholic parent was tolerated without such conflict or dissension.

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FIGURE 7.

ALCOHOLISM

	MALE	FEMALE
PARENT ALCOHOLIC	12 (13·8 %)	18 (12·8 %)
SUBJECT "	22 (25·3 %)	8 (5·7 %)
BACKGROUND:		
STABLE	10	2
DISSENSION	12	6

It surprised us indeed, that alcoholism was not more common in the parents of our parasuicides than about 1 in 7 of our males and 1 in 8 of our women. About one-quarter of the male parasuicides themselves had problems with habitual abuse of alcohol and only a minority of the women (about 1 in 20).

Surely (we predicted) we would find that most of our alcoholic patients were derived from chaotic childhood homes. However, the data point otherwise, and our alcoholic men were just as likely to come from stable homes as chaotic, and there is in fact no significant difference. We would not wish to make too much of our finding, surprising though it is to us, since it is based on relatively small numbers, but at least there is the hopeful indication that if alcoholics are made, then they need not necessarily be made in childhood, but it may be acquired from environmental influences only later on when at least the individual is free to exercise some personal choice in the matter. (Yet at the same time as I say this, I recall one or two of the cases where excessive drinking began at age eight, on father's knee, so to speak).

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CONCLUSION

To summarise the findings: we looked at a sample of 228 suicide attempters to discover whether it is their early lives which sets them on a track or career towards chaotic lifestyles and life situations, which in turn lead to crises, sometimes dealt with by self-destructive behaviour.

We did find a substantial proportion (somewhere near 60%) who came from chaotic homes torn apart by family conflict. This background overwhelmingly predisposed the males to similarly chaotic partnerships and family conditions when they grew up. For women it is not so straightforward and it may be that even girls from stable backgrounds who make unsuitable choices of partners can be sucked into adult lives which are inimical and upsetting, so that they too seek resolution of their crises through self-destructive acts. It is not within the scope of this paper to look at the choice of partners of these women more closely. However, Kreitman and his colleagues have looked at neurosis and marital interaction and what Post has called assortative mating. To put it simply, as an Englishman might say, "nice girls often marry rotters", and this is something psychoanalysts have speculated about for a long time. When males marry disruptive females on the other hand, they are perhaps less likely to seek relief through self-injurious behaviour, preferring alternative means more in keeping with traditional role-expectations of them.

The proportion of the sample who, though registered in the work force were unemployed, was striking. Clearly this is a many-fold excess over the unemployment rates which are current even at this time. Then when we looked at the means of support there was a clear link between a disordered family background and living on welfare, and a corresponding link between coming from a stable background and supporting yourself.

There is thus in my view clear evidence that a disordered background is damaging to the person (although not absolutely, since there are many who escape from its effects). But the majority, instead of acquiring social skills which would promote harmony in their later family life, learn patterns of behaviour which make for conflict. Instead of acquiring attitudes to work and responsibility which equip them to maintain themselves and their families, they apparently learn attitudes which cause them to lose their jobs and to work in a desultory fashion, so that ultimately, in many cases, the burden is placed on the state and the taxpayer to support them and their families.

Putting these findings and our earlier findings together we must recognise that the people who attempt suicide are a group with particular characteristics of their own. The majority are disadvantaged by being born into disorganised families, they grow up to be depressed people with poor self-esteem, and rankling with resentment, who move from crisis to crisis in their lives. We believe that our findings have strong implications in the area of primary prevention of suicide.